

# Self-Registering Designated Netsmart EVV Provider Administrator Account

## FL – AHCA HH

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**Netsmart**

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[www.ntst.com](http://www.ntst.com)

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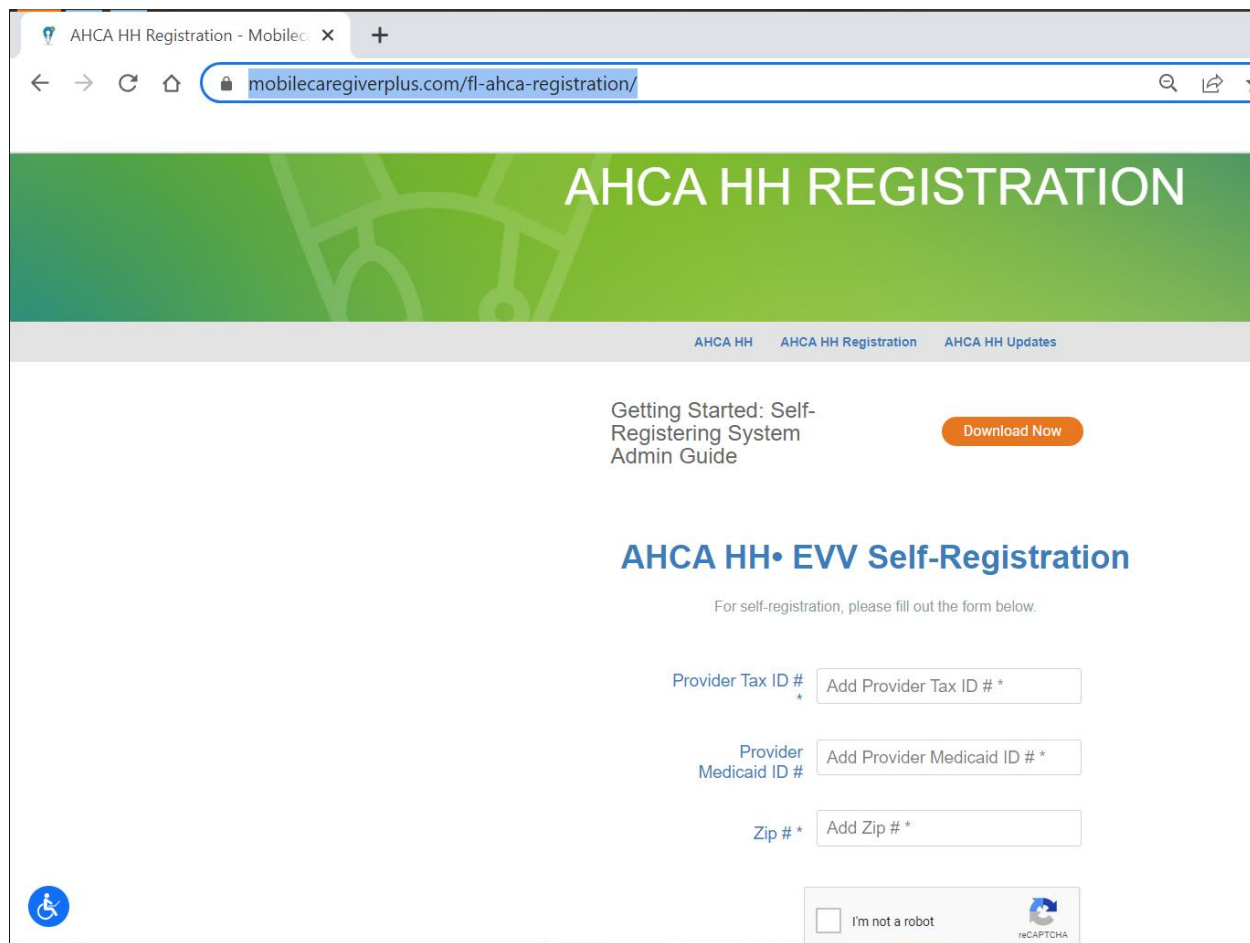
## 1 Prerequired Registration Data

Depending on the Payer and state you work in, you will need the following information to self-register your agency and the designated Provider Administrator account. Click on the name of your Payer to view the Self-Registration instructions:

State - EVV Payer	Prerequired Self Registration Data
<a href="#">FL – AHCA HH Self-Registration</a>	Billing Provider Tax ID #* Provider Medicaid ID #* Zip Code #*



## 1.1 FL – AHCA HH Self-Registration



AHCA HH REGISTRATION

Getting Started: Self-Registering System Admin Guide [Download Now](#)


### AHCA HH • EVV Self-Registration

For self-registration, please fill out the form below.

Provider Tax ID #

Provider Medicaid ID #

Zip #

I'm not a robot 

1. Provider User navigates to the AHCA Self-Registration web page, [Registration - MobileCaregiver+ \(mobilecaregiverplus.com\)](#).
2. Provider User enters their Provider Tax ID #\*, Provider Medicaid ID #\*, and Zip Code #\*.
3. Provider User selects the “I’m not a robot” CAPTCHA box.
4. If the provider runs into any issues while registering the provider must contact AHCA HH:

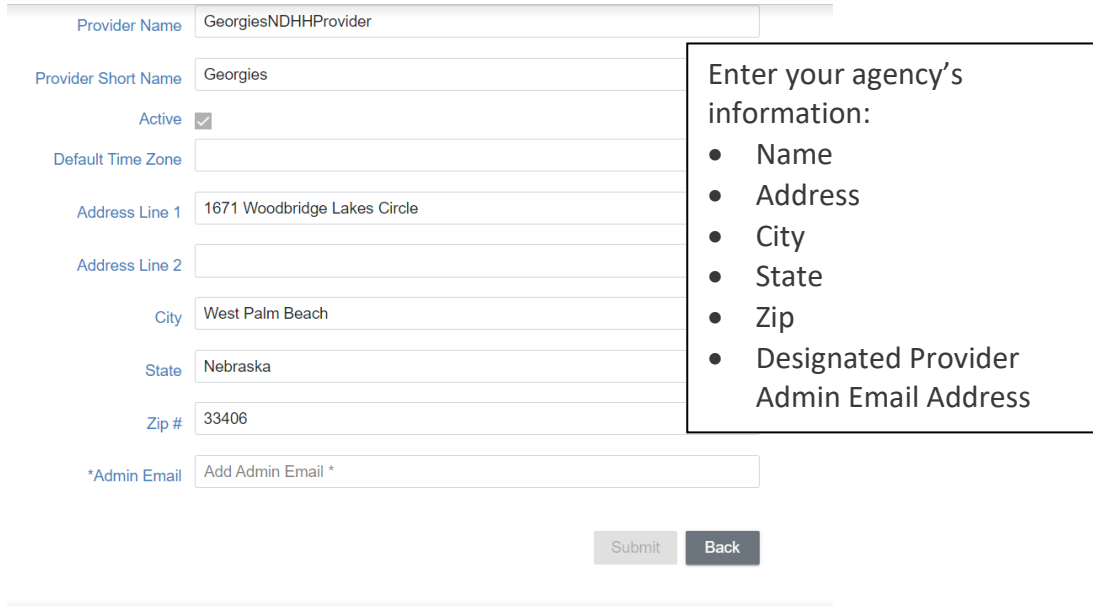
Website address: <http://mymedicaid-florida.com>

Password reset email [flwebportal\\_password@dx.com](mailto:flwebportal_password@dx.com)

Provider Enrollment Center 1800-289-7799 Opt. 5 (password reset) or  
1-877-254-1055 Opt. 3 (Pin number)



5. Provider User selects “Submit” to display the Provider Information form.



The screenshot shows a web form for entering provider information. The fields are as follows:

- Provider Name: GeorgiesNDHHPProvider
- Provider Short Name: Georgies
- Active:
- Default Time Zone: (empty)
- Address Line 1: 1671 Woodbridge Lakes Circle
- Address Line 2: (empty)
- City: West Palm Beach
- State: Nebraska
- Zip #: 33406
- \*Admin Email: Add Admin Email \*

A callout box on the right side of the form contains the following text:

Enter your agency’s information:

- Name
- Address
- City
- State
- Zip
- Designated Provider Admin Email Address

At the bottom of the form are two buttons: "Submit" and "Back".

6. Enter your agency’s information in the Provider data form.

7. Click “Submit.”

8. Provider User will be directed to <https://4tellus.com/thank-you/> and receives success message for registration.

9. An email will be sent from the email address “[no-reply@ntst.com](mailto:no-reply@ntst.com)” to the Admin email address that was entered in the Provider Information form. The email will contain your User ID and Password. You will have 36 hours to activate the invitation by logging in to your [Provider Portal](#); the invitation will expire after 36 hours.

10. If you do not see the email invitation, check your Spam or Junk email. Please follow the instructions provided in that email to complete your registration and access the application.

**Post-conditions** Provider User is now able to log in to Provider Portal by clicking the following link, [Provider Portal](#).

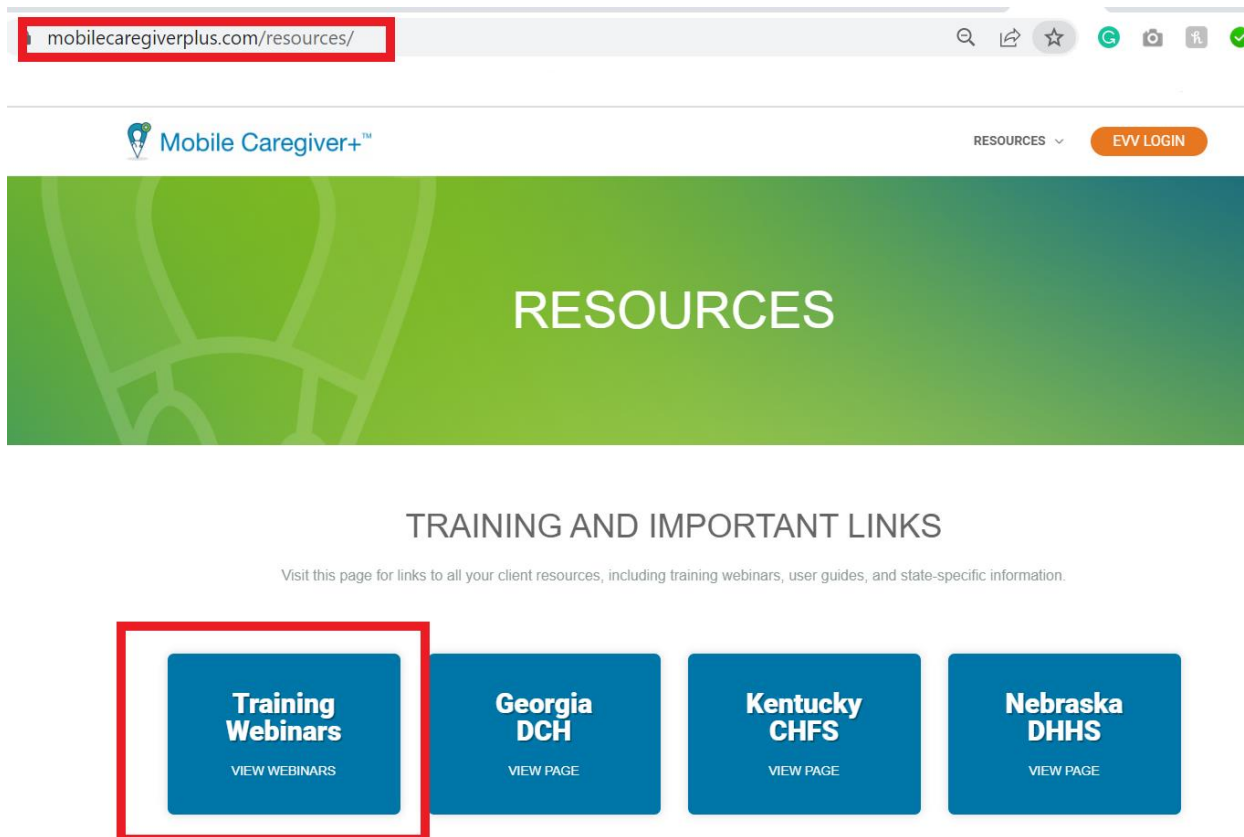
**Alternate Path** -Provider User may exit out of the Self-Registration at any time, resulting in no registration and the inability to log in to the Provider Portal.

If Provider User enters data in one or more of the given fields, resulting in an error message when selecting “Submit”. Provider user must correct this error or contact the Netsmart Client Support Team, 833-483-5587.



## 2 Overview for Getting Started

1. Once the Provider User is registered – it’s time to get started! The Provider User navigates to the Resources web page for training and important links, <https://mobilecaregiverplus.com/resources/>
2. Provider User clicks on “Training Webinars” and locates the training session applicable to the Provider User.



3. To register for a LIVE training session, click on “Register Now” and chose the date and time of the training session by clicking on the drop down under “This Webinar is offered several times. Select the date and time that works best for you”.
4. The Provider user must fill out all of the \*Required fields on the LIVE Webinar registration form and click on “Register” at the bottom of the page. Once registered the Provider User will receive an email confirmation.



City	Country/Region*
<input type="text"/>	<input type="text" value="United States of America"/>
State/Province*	Organization*
<input type="text" value="Kansas"/>	<input type="text" value="Example Organization"/>
Job Title*	
<input type="text" value="Example Job Title"/>	

Florida Providers Only: Which of the following MCO's are you contracted with? UHC, AETNA, SIMPLY/ANTHEM, IHCS, COMMUNITY CARE PLAN, MAGELLAN. \*If you are not in Florida, type N/A.\*\*

Please indicate whether you are part of an Agency, Independent Provider, or PDS.\*

Please list any applicable program(s) in which your company participates.\*

By checking this box, you submit your information to the webinar organizer, who will use it to communicate with you regarding this event and their other services.

[Register](#)

5. To view a previously recorded training session, click on “View Recording” and fill out all of the \*required fields on the form and click “Register” and the recorded training session will be prompted.
6. To view a previously recorded training session in Spanish click “Ver Grabación” and fill out and fill out all of the \*required fields on the form and click “Register” and the recorded training session will be prompted.

